



DISPOSAL REQUEST FORM

Athens Hocking Reclamation Center

Post Office Box 946
Logan, Ohio 43138

Phone (740)385-3264 Fax (740)385-7254

Waste Profile # Date:

GENERATOR INFORMATION

Generator Name:			
Generator Facility Address:			
City:	County:	State:	Zip:
Generator Mailing Address (if different):			
City:	County:	State:	Zip:
Technical Contact Name:			
Phone Number:	Title:	Phone:	

TRANSPORTER INFORMATION

Transporter Name		Contract Name	
Transporter Address			
City:	County:	State:	Zip:
Phone Number	Fax Number	State Transportation Number	

INVOICING INFORMATION

Invoice To		Contract Name	
Invoicing Address			
City	County	State	Zip

PHYSICAL CHARACTERISTICS OF WASTE

Name of Waste			
Process Generating Waste			
Type of Waste	<input type="checkbox"/> INDUSTRIAL PROCESS WASTE	<input type="checkbox"/> POLLUTION CONTROL WASTE	
Physical State	<input type="checkbox"/> SOLID	<input type="checkbox"/> SEMI-SOLID	<input type="checkbox"/> POWDER <input type="checkbox"/> LIQUID <input type="checkbox"/> OTHER
Method of Shipment	<input type="checkbox"/> BULK	<input type="checkbox"/> BAGGED	<input type="checkbox"/> DRUM <input type="checkbox"/> OTHER
Estimate Annual Volume			
Frequency	<input type="checkbox"/> ONE TIME	<input type="checkbox"/> ON GOING	

Special Handling Instructions

REPRESENTATIVE SAMPLE CERTIFICATION

NO SAMPLE TAKEN

Is the representative sample collected to prepare this profile and laboratory analysis, collected in accordance with U.S. EPA 40 CFR 261.20(c) or equivalent guidelines?
If testing is older than one year, please explain how it is still representative of the waste. Please add a letter of explanation from the generator.

YES
 NO

Sample Date	Is Sample: <input type="checkbox"/> COMPOSITE? <input type="checkbox"/> GRAB?		
Laboratory	Sampler's Name		
Sample ID Numbers			
Sampler's Name (printed)	Signature		



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CONTINUED.....

Waste Profile #

PHYSICAL CHARACTERISTICS OF WASTE

CHARACTERISTIC COMPONENTS						MUST EQUAL 100%	
						MIN %	MAX %
1.							
2.							
3.							
4.							
5.							
COLOR	ODOR (describe)	FREE LIQUIDS <input type="checkbox"/> YES <input type="checkbox"/> NO Content %	% SOLIDS	pH	FLASH POINT oF	PHENOL ppm	

Attach Laboratory Analytical Report (and/or Material Safety Data Sheet) Including Required Parameters Provided for this Profile. Based on Generator Knowledge, I certify that any hazardous parameter not tested for is not present in the waste.

Does this waste or generating process contain regulated concentrations of the following Pesticides and/or Herbicides: Chlordane, Endrin, Heptachlor (and its epoxides), Lindane, Methoxychlor, Toxaphene, 2,4-D, or 2,4,5-TP Silvex as defined in 40 CFR 261.33?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does this waste or generating process cause it to exceed OSHA exposure limits from high levels of Hydrogen Sulfide or Hydrogen Cyanide as defined in 40 CFR 261.23?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does this waste contain regulated concentrations of Polychlorinated Biphenyls (PCBs) as defined in CFR Part 761?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does this waste contain regulated concentrations of listed hazardous wastes defined in 40 CFR 261.261.32, 261.33, including FCRA F-Listed Solvents?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does this waste contain regulated concentrations of 2,3,7,8-Tetrachlorodibenzodioxin (2,3,7,8-TCDD) or any other dioxin as defined in 40 CFR 261.31?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is this a regulated Toxic Material as defined by Federal and/or State regulations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is this a regulated Radioactive Waste as defined by Federal and/or State regulations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is this a regulated Medical or Infectious Waste as defined by Federal and/or State regulations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is this waste included in one or more of categories below (check all that apply)? If yes, attach supporting documentation. <input type="checkbox"/> Delisted Hazardous Waste <input type="checkbox"/> Treated hazardous Waste Debris <input type="checkbox"/> Excluded Wastes Under 40CFR 261.4 <input type="checkbox"/> Treated Characteristics Hazardous	<input type="checkbox"/> YES <input type="checkbox"/> NO

GENERATOR CERTIFICATION

I hereby certify that to the best of my knowledge and belief, the information contained herein is a true, complete and accurate description of the waste material being offered for disposal and all known or suspected hazards have been disclosed. All Analytical Results/Material Safety Data Sheets submitted are truthful and complete and are representative of the waste. I further certify that by utilizing this profile neither myself nor any other employee of the company will deliver for disposal or attempt to deliver for disposal any waste which is classified as toxic waste, hazardous waste or infectious waste, or any other waste material this facility is prohibited from accepting by law. I shall immediately give written notice of any change or condition pertaining to the waste not provided herein. Our company hereby agrees to fully indemnify this disposal facility against any damages resulting from this certification being inaccurate or untrue. I further certify the company has not altered the form or content of this profile sheet as provided by Athens-Hocking Reclamation Center.

Authorized Representative Name And Title (Printed)

Company Name

Authorized Representative Signature

Date

ATHENS-HOCKING RECLAMATION CENTER USE ONLY

APPROVED APPROVED BY _____ REJECTED REJECTED BY _____

Technical Review Performed _____

Profile No. _____ EXPIRES _____ DATE APPROVED _____